

**GOVERNMENT OF JHARKHAND
COMMERCIAL TAXES DEPARTMENT
Form JVAT-101**

[See Rule 3(v) and 3(x)(a)]

Application for the grant of Registration u/s 25(1) or 26(1) of the Jharkhand VAT Act, 2005

To

The Assessing Authority,
..... District.

I/We Proprietor/Partner(s)/Karta of HUF/Principal Officer managing the business/affairs of the Company/Society/Association of Persons/Club/Head of the Department or any other officer duly authorised by him in writing, of the business, details of which are given below, hereby apply on behalf of the said business for grant of a certificate of registration under the Jharkhand Value Added Tax Act, 2005, for which a registration fee of Rs. 50.00 has been paid on..... vide Ch No..... date...../ by affixing court fee stamp worth Rs.50.00 on this application :-

1. Name and style of the :
business

2. Principal place of Business and contact Number(s).

Address	Phone:
City	Fax:
District	E-Mail:

3. Permanent Account Number of the Dealer(s)/Business(PAN)

4. Constitution of the business (✓) whichever is applicable

Proprietorship	Public Limited Company	Board or Corporation	Government Department
Partnership	HUF	Association of Persons	Others
Private Limited Company	Co-Operative Society	Club	

5. Nature of Business (✓) whichever is applicable

Manufacturing	Exporter	Distributor	Local Authority
Mining	Whole Sale Trade	Stockist	Importer
Power Generation / Distribution	Retail Trade	C & F Agent	Others
Works Contractor	Restaurant	Govt. Company	

6. (a) Principal commodities in which the business deals in and

(b) The items codes therein

7. Basis of incurring liability to pay tax (✓) whichever is applicable.
(a) Import of Goods into the State
(b) Export of Goods out of State
(c) Sale exceeding the specified quantum u/s 8(5) of the Act
(d) Voluntary registration
(e) Other Provisions

8. Date of liability

9. If voluntary registration: specify the GTO

10. Details of Bank Account(s)

Name of Bank with address	Type of account	Account Number
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11. Details of immovable properties owned wholly or partly by the business.

Serial. No.	Description of property	Address where property is situated	Approximate value	Share Percentage

12. Script in which account books are maintained.

13. State: whether your accounts are computerized :

Yes / No (please tick)

14. State: whether you were registered under the Repealed Act or CST Act Yes / No (please tick)
If Yes: Please specify your Regn. Nos. -

15. The names, addresses and other details of the Proprietor, each of the Partner, Karta of HUF and each Director (in case of Private limited Company) are attached as per Annexure – I.

16. A copy of the Partnership deed /Memorandum of Articles of Association is enclosed.

17. The details of Additional place(s) of business/units/branches are attached as per Annexure-II.

18. The details of security furnished are attached as per Annexure-III.

19. Passport size (self signed) photographs of the proprietor, each of the partner, Karta of HUF and each director (in case of private limited company) are pasted below.

Name
Status

Name
Status

Name
Status

Name
Status

Name
Status

Name
Status

VERIFICATION

I/We _____ do hereby solemnly affirm and declare that the information contained in this application, including Annexures attached herewith, is true and correct to the best of my/our knowledge and belief.

Place :
Date:

Signature
Status.....
Full Name

DECLARATION

- (iv) I/We hereby undertake to abide by the provisions of the Jharkhand Value Added Tax Act, 2005 and the Jharkhand Value Added Tax Rules, 2006.
- (v) A signboard in the name of my/our business has already been displayed at all the business premises.
- (vi) That the books of accounts in respect of the said business are being maintained and shall be found at the said business premises.

Place.....
Date

Signature
Status.....
Full Name

(Signature of other partners in case of partnership business)

(1) Place..... Signature.....
Date..... Full Name
Status.....

(2) Place..... Signature.....
Date..... Full Name
Status.....

(3) Place..... Signature.....
Date..... Full Name
Status.....

(4) Place..... Signature.....
Date..... Full Name
Status.....

(For office use only)

Acknowledgement receipt No. Date Circle

Signature and Stamp of
section clerk
